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# UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Morocco

| | |
|---|---|
| Proposed UNFPA assistance: | $12.5 million, $7.5 million from regular resources and $5 million through co-financing modalities and/or other, including regular, resources |
| Programme period: | Five years (2002-2006) |
| Cycle of assistance: | Sixth |
| Category per decision 2000/19: | B |

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | Total |
|---|---|---|---|
| Reproductive health | 5.0 | 4.0 | 9.0 |
| Population and development strategies | 2.0 | 1.0 | 3.0 |
| Programme coordination and assistance | 0.5 | - | 0.5 |
| Total | 7.5 | 5.0 | 12.5 |

## MOROCCO

### INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

| | | Thresholds* |
|---|---|---|
| Births with skilled attendants (%)[1] | 40 | ≥60 |
| Contraceptive prevalence rate (%)[2] | 50 | ≥55 |
| Proportion of population aged 15-24 living with HIV/AIDS (%)[3] | -- | ≤10 |
| Adolescent fertility rate (per 1,000 women aged 15-19)[4] | 49.5 | ≤65 |
| Infant mortality rate (per 1,000 live births)[5] | 51 | ≤50 |
| Maternal mortality ratio (per 100,000 live births)[6] | 230 | ≤100 |
| Adult female literacy rate (%)[7] | 30 | ≥50 |
| Secondary net enrolment ratio (%)[8] | 74 | ≥100 |

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

[1] Electronic database, World Health Organization, December, 1999.
[2] United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
[3] UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
[4] United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
[5] United Nations Population Division, *World Population Prospects: The 1998 Revision*.
[6] The World Bank, *World Development Indicators, 2000*.
[7] UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
[8] UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

### Demographic Facts

| | | | |
|---|---|---|---|
| Population (000) in 2001 | 30,430 | Annual population growth rate (%) | 1.78 |
| Population in year 2015 (000) | 37,680 | Total fertility rate (/woman) | 3.03 |
| Sex ratio (/100 females) | 100 | Life expectancy at birth (years) | |
| Age distribution (%) | | Males | 66.8 |
| Ages 0-14 | 34.7 | Females | 70.5 |
| Youth (15-24) | 20.6 | Both sexes | 68.7 |
| Ages 60+ | 6.4 | GNP per capita (U.S. dollars, 1998) | 1240 |

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

*N.B. The data in this fact sheet may vary from the data presented in the text of the document.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Kingdom of Morocco achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $12.5 million, of which $7.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $5 million through co-financing modalities and/or other, including regular, resources to the extent possible consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's sixth cycle of assistance to Morocco, which is a "Category B" country under UNFPA resource allocation criteria.

2. The proposed programme was developed through a process of consultations undertaken in 2000 and 2001with the Moroccan Government, non-governmental organizations (NGOs), United Nations system agencies, the Country Technical Services Team (CST) in Amman, Jordan, and multilateral and bilateral donors. The proposed programme was developed following the finalization of the Common Country Assessment (CCA) and as part of the development of the United Nations Development Assistance Framework (UNDAF). It was developed in accordance with the recently approved five-year plan for economic and social development and within the context of the Government's social priorities programme. The programme cycle has been synchronized with those of UNDP and UNICEF, and the proposed programme has been harmonized with their programmes.

3. The goal of the proposed programme is to contribute to improved reproductive health, including family planning and sexual health, for all Moroccan couples and individuals throughout life, and to the achievement of gender equality and empowerment of women. As agreed with the Government, the proposed programme targets the disadvantaged population of one geographic region comprising 4.2 million people. It is grounded in the Government's process of decentralization and administrative devolution and supports local initiatives designed to improve the status of women, mainstream gender issues, improve coverage and quality of reproductive health services, and reduce maternal and neonatal mortality and morbidity. The programme also seeks to strengthen national capacity for developing and implementing integrated population policies at the national and regional levels and for their monitoring and evaluation through a coordinated, integrated and gender-sensitive information system.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The total population of Morocco approached 29 million in 2001. The growth rate has been declining steadily from 2.8 per cent a year in 1982 to less than 1.7 per cent a year in 2000. The crude death rate has declined from 10.6 per 1,000 in 1982 to only 6 per 1,000 in 2000, while the crude birth rate has declined from 37 per 1,000 in 1982 to 22 per 1,000 in 2000, indicating an advanced stage of demographic transition. These trends are the result of growing urbanization, modernization of the urban society, and a greatly increased participation of women in the formal economy. The total fertility rate has declined from a high of 5.5 children per woman in 1982 to 3 in 2000, resulting from a combination of delayed age of marriage (27 years for women in 1997) and increased contraceptive use (58 per cent of married women of reproductive age using modern or traditional methods in 1997). Fertility is still high among rural women (total fertility rate 4.1 in 2000), an indication of the lower contraceptive use rate in the rural areas. The contraceptive mix is dominated by the pill (66 per cent) in rural as well as urban areas, while long-term methods are very little used (14 per cent) and their use is declining as a proportion of the total. Since 2000, the Government has been self-dependant in terms of commodity procurement. The delay in age at first marriage has resulted in changing demands for reproductive and sexual health, including family planning, services on the part of adolescents and youth.

6. Morocco is a middle-income country with great contrasts and disparities among different socio-economic groups and geographic regions. Although the annual per capita gross national product (GNP) amounts to $1,300, it has not increased in the past eight years and the gap between the well off and disadvantaged is widening. Using the most recent available national statistics, it would appear that Morocco is farther from the attainment of ICPD goals than its classification as a "Category B" country would indicate. The quality of demographic and socio-economic indicators produced by the Directorate of Statistics and by various ministries is generally good and reliable. However, there is no baseline information on demographic and health indicators available at the start of the proposed programme. The results of the two major investigations planned during the period covered by the programme, a census and the Pan-Arab Family Health Survey (PAPFAM) will not be available until the end of 2003 at best, at the time the mid-term review of the proposed programme is planned.

7. All indicators of reproductive health showed an improvement in the Pan-Arab Maternal and Child Survey (PAPCHILD) conducted in 1997 compared with those of the previous demographic and health surveys in 1992 and 1995. Maternal mortality has declined from 332 per 100,000 live births to 228 per 100,000 in 1997, but it is still high in rural areas where it reaches 307 per 100,000 live births. The main factors driving high rates of maternal mortality are: (a) delays in deciding to use health services in obstetric emergencies; (b) delays in transferring emergency cases to a competent facility; and (c) delays in giving appropriate treatment within facilities. Only 40 per cent of all births (20 per cent in rural areas) take place in

well-equipped health centres. The quality of reproductive health services is adversely affected in remote areas by a combination of poor supervision, deficient equipment, insufficient drug availability, lack of staff motivation and gender insensitivity. The adolescent fertility rate has declined, from 49 per 1,000 in 1982 to 35 per 1,000 in 2000, due to a significant increase in age at first marriage. However, reproductive health services are seldom utilized by unmarried women, and more and more unwanted pregnancies result in abortion. It has been estimated that over 130,000 pregnancies a year are terminated early, but this is probably an underestimate. The infant mortality rate has declined from 51 per 1,000 live births in 1982 to a countrywide average of 37 per 1,000 in 1997, but neonatal mortality is still high at over 22 per 1,000 live births in rural areas.

8. High rates of adult female illiteracy (67 per cent overall and 89 per cent in rural areas) and low rates of schooling for rural girls are responsible for the low ranking of Morocco in the Human Development Index of UNDP. The Ministry of Education released a rate for primary school enrolment of 76 per cent for boys and 60 per cent for girls (70 per cent and 44 per cent, respectively for rural areas).

9. Gender issues have started to be addressed openly and in all aspects of development in the past five years. Morocco has ratified most of the international instruments concerning women but sometimes with reservations. The proposed national plan of action for the integration of women in development in 1999, asking for a revision of the code of personal status (*mudawana*), has led to a national debate on the status of women. Women constitute 33 per cent of the active population, but 40 per cent of the unemployed. There are four women members of the Parliament, no women provincial governors, and only one woman minister. NGOs initiated advocacy and field action to address the problems of violence, especially domestic violence, against women, and the Government is now also advocating in this area. According to qualitative surveys, a large majority of men do not feel responsible for the improvement of gender equality.

10. It is estimated that there are 12,000-18,000 persons living with HIV/AIDS in Morocco. Most newly infected persons are found in four focal urban areas, and their numbers have increased due in particular to migration, tourism and unsafe sexual behaviours. Information, education and communication (IEC) campaigns on HIV/AIDS are made difficult by cultural and social factors, although the Ministry of Health spreads prevention messages, particularly among youth. According to PAPCHILD, 73 per cent of women less than 20 years old have heard about AIDS (mostly through television or friends), but 26 per cent do not know any means of transmission and 33 per cent cannot cite any means of prevention. Few specialized NGOs have initiated IEC campaigns on HIV/AIDS among target groups. The treatment of HIV with modern anti-retroviral agents is not ensured for all cases.

Previous UNFPA assistance

11. UNFPA has contributed to improving the demographic and reproductive health status of Morocco over the past 25 years through five country programmes. The Fund has played an important and recognized role in raising political commitment to population issues, focusing on family planning during the first country programme and shifting towards an emphasis on reproductive health following the ICPD. The fifth country programme, 1997-2001, was approved for $19 million, including $6 million to be sought from multi-bilateral resources. The implementation rate for the fifth country programme is estimated at around 80 per cent. External reviews concluded that most of the objectives of the programme had been achieved.

12. The fifth country programme committed two thirds of its resources to a reproductive health subprogramme that included 25 components (training, equipment, contraceptive supplies, IEC and information systems) and covered 13 provinces. Due to delays in formulation, the subprogramme started one year later than anticipated. Among the achievements to which the programme contributed were the increase from 55 to 86 of the number of health facilities with basic emergency obstetrical care, the increase from 24 per cent to 31 per cent of the proportion of medically assisted births, the increase from 2 per cent to 7 per cent of complicated births managed by the system, the increase of 1.3 per cent to 1.6 per cent in the proportion of all births delivered by caesarean section, and the initiation of a generalized audit of maternal and neonatal deaths in hospitals. Lessons were learned about the integration of an enlarged range of reproductive health services into health centres (six of them were installed and evaluated during the period) and about the decentralization of planning and monitoring at the provincial level. One important lesson learned from the experience of the fifth country programme is the need to focus interventions in order to optimize the use of resources and demonstrate the impact of UNFPA's assistance on target populations.

13. A large grant from Columbia University in the United States of America was procured during the course of the programme. It focused on the reduction of hospital-based maternal mortality through the improvement of emergency obstetric care. An evaluation of the reproductive health subprogramme, conducted by a public health expert in March 2001, concluded that there had been notable achievements in terms of placing reproductive health at the centre of health activities and in increased national capacity to plan, monitor, research and evaluate reproductive health programmes at the provincial level. Youth were targeted for IEC activities in youth clubs through entertainment and theatre. There were recommendations for stronger coordination, for more decentralization, for more geographic focalization, and for greater investment in human resources.

14. In the field of population and development strategies, the most important achievements of the fifth country programme were: (a) the activation of the National Population Commission

along with 16 regional commissions, in charge of preparing and analysing the annual population reports; (b) the publication of over twenty thematic research results on various population issues; and (c) the launching of an integrated statistical information system. Additional achievements were the creation of an observatory on internal migration; the collection and analysis of data concerning marriage, divorce, and violence against women; and a contribution to understanding the rural gaps in civil registration. The main lessons learned were: (a) the need to publicize and make better use of the results of research; and (b) the need for better coordination among the component projects of the subprogramme.

15. In the field of advocacy, the fifth country programme demonstrated that new methodologies of gender mainstreaming could be introduced into all structures concerned with development and were effective in raising issues concerning gender equality and equity and the empowerment of women as well as violence against women. This was done through a large multisectoral project funded by the Italian Government supporting, for the first time, governmental and non-governmental institutions working together. Again, the lesson learned was the necessity of investing in coordination. Changes in societal attitudes in Morocco have allowed media, NGOs, and the Government to openly address traditionally hidden issues such as violence against women, sexual harassment, child abuse and sexual exploitation.

16. In terms of execution, over 85 per cent of the funds released during the fifth country programme were administered through national execution, a modality that requires intensive financial monitoring but reinforces national capacity and ownership. Only one project was carried out on a cost-sharing basis with the Government, a procedure that is proposed to be extended to all projects in the proposed programme in order to promote responsibility and national ownership. Another procedure that was extended throughout the past cycle is the practice of yearly auditing by the National Accounts Court. Decentralization was initiated in the latter years of programme implementation but still needs legislation and administrative devolution of authority to become effective.

Other external assistance

17. In Morocco, the United States Agency for International Development (USAID) was by far the largest grant donor in family planning and reproductive health until 2000, with grants up to $20 million in peak years. In 1999-2000, however, there were significant reductions in the health and education fields. The World Bank remains the largest lender in social sectors, in which the European Union is also active. France, Germany, Spain, Italy, Belgium and Japan are the other main external donors in the health and social fields.

18. Among the United Nations agencies, UNICEF collaborates with the Ministry of Health for maternal and child health. WHO is working in the areas of training, reform of health systems, maternal and child health, pharmaceutical regulation, and environmental health. UNDP

is providing support for hospital maintenance and treatment of sexually transmitted infections (STIs). In terms of population indicators, UNICEF collects data necessary for monitoring the Convention on the Rights of Children, and UNDP on Human Development Indicators (HDI).

Comparative advantage of UNFPA

19. Accumulated through 25 years of experience in Morocco, and with the technical support of CST Amman and external consultants recruited through different projects, UNFPA has a comparative advantage in supporting population data collection and analysis, which is necessary to integrate population concerns into development policies and programmes. UNFPA support was instrumental in preparing the Centre for Demographic Research and Studies (CERED) to become an autonomous institution within the then Ministry of Population (now renamed Ministry of Planning and Economic Prevision) and the technical secretariat of the National Population Commission. However, there has been insufficient coordination between institutions producing data collection and analysis, and dissemination of research findings for their utilization has been too limited. Research produced by universities, for example, or the private sector, has not been taken into account. UNFPA has been instrumental in the collection and analysis of population data for the CCA and the UNDAF.

20. UNFPA has also accumulated extensive knowledge and experience in the reproductive health area, including family planning and sexual health. Throughout the fifth country programme, UNFPA has led an informal group of donors in the reproductive health area, meeting quarterly in order to exchange information and improve donor coordination. This informal group comprised all of the main external donors in reproductive health will continue during the period of the proposed programme, but it needs to be taken in charge by the Ministry of Health.

21. Other comparative advantages of UNFPA include its capacity to integrate advocacy, gender issues, reproductive rights, IEC, and the involvement of the civil society into all programmes and plans. For example, through the Fund's gender and development project, jointly executed by the Ministry of Women's Affairs and NGOs, gender focal persons in all departments of the administration were established and a human rights approach was introduced into reproductive health, including on issues related to violence against women. UNFPA has also raised concerns about the reproductive health needs of youth and adolescents, which urgently require concentrated efforts, particularly in the area of prevention of STIs, including HIV/AIDS.

Proposed programme

22. The goal of the proposed programme is to contribute to improved reproductive and sexual health and family planning for all couples and individuals throughout life, and to achieve

gender equity and equality and the empowerment of women. In accord with the Government, the proposed programme will complement national efforts towards decentralization and administrative devolution by focusing most of its activities towards disadvantaged populations in the target region of Marrakesh-Tensift-Haouz-Azilal (nine provinces), building on previous UNFPA assistance. The target region has a population of 4.2 million, i.e., 14 per cent of the country's population, and is 65 per cent rural. The programme will have two subprogrammes, reproductive health and population and development strategies, with advocacy being programmed to support them. Overall, there will be only a limited number of projects, and emphasis will be put on interlinking them with each other. A special fund will be created to support NGO activities and to promote collaboration between the Government and civil society. The overall strategies, with a view to reducing national disparities, will include focusing on a specific geographic areas and supporting decentralization and institutional reform; building national capacity and strengthening human resources; and encouraging stakeholder participation.

23. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to the increased utilization of reproductive health services by improving quality of care through national capacity building, mainstreaming gender into service delivery, improving management, and monitoring and evaluation, bringing emergency obstetrical care at the lower level closer to women and advocating for improved referral of complicated cases to higher-level facilities. A permanent monitoring system would be set up that would include quantitative indicators and quality improvement through a generalized obstetrical audit. The programme would enhance central-level advocacy to ensure supportive planning, appropriate allocation of financial and human resources, and regulatory systems for standardization, rationalization and coordination that would capitalize on ongoing health care reform.

24. The first output of the reproductive health subprogramme would be increased availability of high quality reproductive health services in the target region. This would be reflected in a reduction in unmet needs in contraception from a current 30 per cent to 10 per cent; an increase by 50 per cent of the detection and treatment of STIs in reproductive health clinics; an increase in the CPR from a current 48 per cent for modern methods to 60 per cent; and a doubling of deliveries in well-equipped health centres. The proportion of service delivery points providing five family planning methods would increase from a current 47 per cent to close to 100 per cent by the end of the programme. Quality, including increased gender sensitivity, would be improved while the range of reproductive health services offered in the target region would be expanded. Client satisfaction rates, measured by exit interviews, would increase significantly. Availability of emergency obstetric care and referral services would be improved. The number of clinics offering the complete package of emergency obstetric care services would be doubled from the six that now provide such services. The quality of obstetric care would be assessed on the basis of the increase in the rate of deliveries by caesarean section, doubling the current rate in the target areas.

25. The reproductive health subprogramme also aims at increasing the awareness of adolescents and youth on issues related to reproductive health and family planning, including STIs and HIV/AIDS. UNFPA will support the national strategic AIDS plan as well as NGOs in the selected region, focusing particularly on gender-sensitive prevention approaches targeted to youth and on highly vulnerable groups such as sex workers and young employees of the tourist industry. This would be achieved through an increase in the proportion of service delivery points receiving youth as clients; an increase in the proportion of service delivery points displaying at least three IEC materials for youth; and an increase in media coverage for reproductive and sexual health and reproductive rights. In coordination with UNAIDS partners, UNFPA will work at putting AIDS high on the national agenda through advocacy, population education, social marketing and, especially, youth mobilization. The regional structures of the adult literacy programme, out-of-school education programmes, youth organizations such as the Boy Scouts, the Ministry of Education and NGOs will be supported to implement IEC and population education activities for youth and adolescents, including peer education, peer counselling and social marketing.

26. In an effort to better measure results, an important component of the subprogramme will be the PAPFAM survey, which will need to be planned and funded in 2002 and conducted and analysed in 2003. It is proposed that in addition to the regular national sample of households, an additional large regional sample will be carried out in the UNFPA-covered region in order to have a close-up view of reproductive health statistics in the project area. For the first time, the survey will have a special section on adolescents and another one on violence against women. UNFPA will assist in the mobilization of resources to undertake the PAPFAM survey.

27. Reproductive health commodity security. With initial support from UNFPA and, more recently, USAID, the Ministry of Health has developed and managed an operational contraceptive commodity logistics system, including procurement in the national and international markets with government funds, storage, distribution, and advance warning. While monitoring this system in the course of the proposed programme, UNFPA will focus particularly on increasing the use of mid- and long-term methods, and will facilitate the introduction of new methods in line with national policies.

28. Population and development strategies. The proposed programme will build on 15 years of capacity building and knowledge acquisition in Morocco to help the country in developing population policies built around poverty reduction, reduction of national disparities and gender inequalities. The National Population Commission and the regional population commissions will ensure the integration of population concerns into development planning, and UNFPA will support their goals. The results of both quantitative and qualitative studies in the areas of ageing, adolescents, migration, fertility changes, adult mortality, violence against women, local development, gender issues and obstacles to women empowerment will be disseminated and used in policy formulation.

29. The purpose of the population and development strategies subprogramme will be to contribute to the integration of population and gender concerns into all aspects of development, at regional as well as at national levels. The programme will help to: (a) increase national and regional capacity in integrating population and gender issues into policies and development plans, measured by the degree to which national documents have incorporated population and gender dimensions and initiated mechanisms to address social issues, including gender-based violence; and (b) increase the availability, quality, and usefulness of integrated databases disaggregated by sex. Special attention will be given to the utilization of available databases for policy development and monitoring. As part of the subprogramme, the Ministry of Justice will analyse marriage, divorce and violence against women, while the Ministry of Local Development will set up a regional observatory on internal migration. The high quality of the country's national research institutions will continue to give Morocco an internationally recognized advantage as well as to provide opportunities for South-South cooperation and to serve as the basis for subregional partnership with neighbouring countries.

30. With a view to heightening awareness of population issues in the media and among the public and decision makers, advocacy will be developed as a strategy in support of the two subprogrammes. Traditionally taboo subjects, such as gender-based violence, will be addressed through studies, publications, media coverage, articles and television programmes. The capacity of NGOs and the institutions of the civil society will be strengthened, particularly those with special coverage in the selected region and those that provide juridical assistance to victims of violence. Regional networks of NGOs will be initiated with a view to strengthening their management capacity and their ability to carry out effective advocacy. Gender and development objectives will be addressed through a joint initiative with the Ministry of Women's Affairs and NGOs, while advocacy in favour of women's rights, reduction of all forms of violence against women, and revision of the code of personal status will be addressed by the Ministry of Justice. The Parliament and the Ministry of Finance will continue to be the targets of advocacy activities.

Institutional arrangements, implementation, execution, monitoring and evaluation

31. Under the proposed programme, UNFPA will strengthen programme efficiency through coordination and linkages between its various components and through coordination with other donors. In particular, UNFPA will continue to play a leading role in the informal donors group on reproductive health. Synergy between component activities will be ensured through monitoring committees that will meet regularly for each subprogramme and through the recruitment of senior coordinators capable of balancing the interests of various partners.

32. In terms of execution, national execution will be the leading modality of the proposed programme and will include governmental institutions in the areas of policy and regulation, NGOs for IEC and community participation, and universities and research centres for analysis

and evaluation. Project coordinators will act in liaison with national counterparts. The responsibility for planning and monitoring, including of finances, will be progressively transferred to regional and provincial structures, accompanied by appropriate training. The cost-sharing modality, in which UNFPA would put an amount of money equivalent to that of the concerned institution in a common project account, will be extended to all partners at the start of the cycle. This modality, successfully demonstrated with one partner during the fifth country programme, stimulates greater national appropriations, both by the Government and civil society and has been accepted by all potential partners during the programme preparation period. It is also widely used by UNDP. UNFPA will also actively seek additional resources from multi-bilateral donors, universities and the private sector. Another procedure to be continued is the yearly audit by the National Accounting Court for all projects under national execution. Monitoring and evaluation within the proposed country programme will be ensured by annual project reviews, annual subprogramme reviews, a mid-term review, and final project and programme evaluations conducted by external reviewers.

33. Results-based management of the proposed programme will be ensured at all levels by the use of selectively constructed quantitative and qualitative indicators developed with the participation of social scientists based on data collected in the provinces in which the project will focus. Rapid assessment techniques will be introduced and used. In addition, occasional thematic evaluations and policy application reviews will be conducted as well as financial audits. Technical backstopping will be ensured by CST, headquarters and external consultants on request, with a national counterpart being assigned to any technical backstopping mission. A roster of national and regional experts will be maintained, updated and shared for use nationally and in the context of South-South cooperation. National capacity will continue to be built and updated through management courses, the provision of financial and accounting support to decentralized executing agencies (including NGOs), and through UNFPA staff training and career development for national staff.

34. United Nations coordination will be ensured by regular meetings of heads of agencies under the United Nations Resident Coordinator, participation in thematic groups, promotion of joint programmes and/or projects in relevant areas, joint preparation of national reports for international and regional conferences, joint mid-term reviews and the preparation of the next CCA and UNDAF before the end of the current country programme.

35. The UNFPA country office is currently composed of a Representative, two national programme officers, and support staff. The current staffing capacity needs to be strengthened by National Professional Project Personnel, while national project coordinators need to be hired on special service assignments. Under the proposed programme, the amount of $500,000 from regular resources would be used for programme coordination and monitoring.

Recommendation

36. The Executive Director recommends that the Executive Board approve the programme of assistance to Morocco as presented above, in the amount of $12.5 million over the period 2002-2006, of which $7.5 million would be programmed from UNFPA regular resources, to the extent such resources are available, and the balance of $5 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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